

**OFFICE OF THE TENNESSEE ATTORNEY GENERAL**  
**COMPLAINT FORM**  
**UNAUTHORIZED PRACTICE OF LAW**

Please return this completed form to:  
STATE OF TENNESSEE  
Office of the Attorney General  
Consumer Protection Division  
Attn: Unauthorized Practice of Law  
P.O. Box 20207  
Nashville, TN 37202-0207



Please carefully print or type all your responses in blue or black ink.  
Additionally, please respond to all questions on the front and back of this form.

**Today's Date:**

**1. Your Name: (Mr./Mrs./Ms.) Circle correct response**

First Name

Middle Name

Last Name

Address:

Full street address

City State

Zip Code

County:

Telephone number:

Day

Evening

Best time to contact you:

**2. Who are you filing a complaint  
against?**

First Name

Middle Name

Last Name

Company name, if applicable

**3. What is their complete address and telephone number?**

Full street address

City

State

Zip Code

( )

Area code

Telephone Number

**4. Does the person listed in #2, have a license to practice law?**

If yes, please list the state(s) that issued the license(s):

5. Please describe your complaint in detail. Please use chronological order (by dates) and include as many actual dates as possible. Attach copies of any papers or documents (receipts, advertisements, contracts, letters, front and back of canceled checks) you have available and which relate to your complaint. Please attach a separate sheet of paper if necessary.
6. Is the person you have described in your complaint still engaging in activity similar to your complaint?
- G yes G no If yes, please explain in detail. Please attach a separate sheet of paper if necessary.
7. In which county did the facts described above occur? \_\_\_\_\_  
(county)
8. Did you pay money as a result of the complaint described in #5? G yes G no If yes, how much? \$ \_\_\_\_\_
- To whom, did you pay the money? \_\_\_\_\_
9. Did you receive services in exchange for your money?
- G yes G no If yes, what did the person or company listed in #2 do for you? Please attach a separate sheet of paper if necessary.
10. Have you had difficulties with the services you received from the person or company listed in #2?
- G yes G no If yes, please explain the difficulties in detail and discuss any monies lost as a result of those difficulties. Please attach a separate sheet of paper if necessary.
11. What type of legal representation or services were you seeking or did you obtain?
- G Domestic relations (divorces, child custody and adoption issues)
  - G Probate, Wills, Trusts and Estates
  - G Personal Injury
  - G General Business law (incorporations or the like)
  - G Worker's compensation
  - G Criminal Law
  - G Immigration Law
  - G Tax law
  - G Other \_\_\_\_\_
12. Did you respond to an advertisement when selecting the person or company listed in #2?
- G yes G no If yes, please provide a copy of the advertisement, if available.  
If not, please list where the advertisement ran or where you saw it.

13. Have you filed a complaint with any other state, federal or local agency?

G yes G no If yes, please list the agencies you have contacted.

14. Have you filed a private legal action against the person or company listed in #2?

G yes G no If yes, please provide your attorney's name, address and telephone number and attach a copy of the lawsuit.

\_\_\_\_\_  
Attorney's name

\_\_\_\_\_  
Attorney's address

\_\_\_\_\_  
Attorney's telephone number

15. Are you aware of any other persons that have information about the events described in #5?

G yes G no If yes, please provide each person's name, address and telephone number where indicated below.

Name

Complete Address

Telephone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: PLEASE READ CAREFULLY**

Please retain a copy of this complaint and all documents for your files.

If you have been injured by a person engaging in the unauthorized practice of law, you have a limited time to sue under Tennessee law. Because the Office of the Attorney General does not represent private individuals, you should consult a private attorney regarding your legal rights. Please be advised that completing this form does not protect your legal rights. You may also want to report your complaint to your local District Attorney General and the Board of Professional Responsibility. The information given in this complaint is true to the best of my knowledge and belief. I understand it may be used in legal proceedings.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date